| | | | | | Application or Docket Number | | | | | |
|--|---|--|------------------|--------|------------------------------|------------------------|-------|----------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000 | | | | | 09/116322 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | SMALL ENTITY TYPE : | | OR | OTHER THAN OR SMALL ENTITY | | |
| TOTAL CLAIMS | 20 | | | RAT | E | FEE | | RATE | FEE | |
| FOR | NUMBER FILED | NUMBE | NUMBER EXTRA | | FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIR | us 20 minus 20 | · P | | XS | X\$ 9= | | OR | X\$18= | Ø | |
| INDEPENDENT CLAIMS | 2 minus 3 | nus 3 = Ø . | | X40 | X40= | | OR | X80= | 0 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | +135= | | OR | +270= | 9 | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | TOTAL | | OR | TOTAL | 710 | |
| 12/16/04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | LL E | NTITY | OR | OTHER SMALL | | |
| CLAIM REMAIN | S ING PR | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total • SS Independent • S | Minus | <i>ao</i> | -5 | X\$ |) . . | | OR | X\$18= | 90 | |
| Independent • | Minus ••• | 3 | - | X40= | | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 5= | | OR | +270= | | |
| 46.1 | | | | | TAL FEE | | OR | | 90 | |
| DDD 25 (Column 1) (Column 2) (Column 3) | | | | | | | | rance | | |
| CLAIM REMAIN AFTE AMENDA Total Independent • J | ING R PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RAT | Έ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total • | Minus •• | 25_ | - /. | XS | 9= | | OR | X\$18= | | |
| independent • FIRST PRESENTATION | Minus ••• | | ·/ | X40 |) <u> </u> | | OR | X80= | | |
| I INO PALSETIANO | | | / | +13 | 5= | | OR | +270= | | |
| | | | | ADDIT. | TAL FEE | <u> </u> | OR | TOTAL ADDIT, FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | |
| O CLAIM RIEMAIN AFTE AMENDM Total • tndependent • | ING PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RAT | Œ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total • | Minus •• | | 2 | XS | 9= | | OÁ | X\$18= | i | |
| tndependent • | Minus ••• | | - | X40 |) = | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | OR | +270= | | |
| * If the entry in column 1 is less than the entry in column 2, write 'V' in column 3. | | | | | | | OR | TOTAL | | |
| ***If the "Highest Number Previo | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, anter "20." ADDIT. FEE | | | | | | | | | |
| ны родина митов равноску рас рег (неш от инвератовку в из полек пытов выпо и из аругория вых из осили т. | | | | | | | | | | |